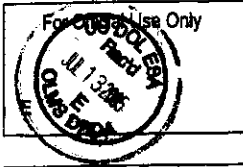


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2964</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Patricia M O'Donnell</u> P.O. Box, Bldg., Room No., if any _____ Street <u>9800 Juniper Hill Road</u> City <u>Rockville</u> State <u>Maryland</u> ZIP Code + 4 <u>20850</u>	4. Name, file number, and address of labor organization. Name <u>American Federation of TV & Radio Artists</u> Labor Organization File Number <u>049-012</u> P.O. Box, Building and Room Number, if any <u>Suite 204</u> Street <u>4340 East West Highway</u> City <u>Bethesda</u> State <u>Maryland</u> ZIP Code + 4 <u>20814-9467</u>
5. Position in labor organization. <u>Executive Director, Washington-Baltimore Local</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Talent Paymaster, Inc</u> Trade Name, if any: <u>TPM, Inc</u> P.O. Box, Bldg., Room No., if any <u>Suite 705 East</u> Street <u>735 Wisconsin Avenue</u> City <u>Bethesda</u> State <u>Maryland</u> ZIP Code + 4 <u>20814</u>	7.a. Nature of Interest, Transaction, or Income. <u>Holiday Gift Basket</u> 7.b. Amount. <u>\$75.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patricia M O'Donnell

On

7-7-05

Date

(301) 657-2500 x276

Telephone Number

Patricia M. O'Donnell
AFTRA
049-012
Page 2

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or income.
Name <u>Kennedy Center TV Productions, Inc.</u>	2 tickets to The Kennedy Center Honors Awards Show
Trade Name, if any: <u></u>	
P.O. Box, Bldg., Room No., if any <u></u>	7.b. Amount. <u>\$400.00</u>
Street <u>2100 E Street, NW</u>	
City <u>Washington</u>	
State <u>DC</u> ZIP Code + 4 <u>20566</u>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patricia M. O'Donnell

On

7-7-05

Date

(301) 657-2560 x276

Telephone Number